# CITY OF DURHAM YOUTH COUNCIL Application Form

Deadline: APRIL 14, 2006



# 2006-2007 City of Durham Youth Council Application Form

Program information, instructions and reference forms are enclosed.

### CITY OF DURHAM YOUTH COUNCIL

General Expectations and Responsibilities

#### Selected Youth Council Members will:

- •Commit to a one-year term of service on the City of Durham Youth Council.
- Serve on City boards and committees as appointed and attend all meetings of such boards/committees.
- Complete 10 hours of volunteer community service during that one year term of service. Volunteer work must be "hands on" work with an approved agency.
- Attend and actively participate in all meetings, service projects, and special events sponsored by the Youth Council
- Review the information before completing this application. Note program dates, requirements & the attendance policy. Please make sure you do not have any conflicts with the requirements before applying.

The Council is open to City of Durham youth (rising) 9<sup>th</sup> grade through (rising) 12<sup>th</sup> grade, in private, public or home schools located in the City of Durham.

#### CITY OF DURHAM YOUTH COUNCIL

Qualification Guidelines

## A successful City of Durham Youth Council candidate should:

- Demonstrate leadership in school and/or community activities.
- Express an interest contributing to the greater well-being of the Durham area
- Commit to 100% participation in all activities.
- Complete the application and returns the application to the City Clerk's Office by April 14, 2006

Provide two references demonstrating qualifications for the City of Durham Youth Council

- Give **Reference Form #2** to your principal/headmaster, guidance counselor or teacher.
- Follow up with reference to make sure the form is sent in.
- Give **Reference Form #1** to a coach, youth leader or other adult who knows you well.
- Follow up with your reference to make sure the form is sent in.

For more information, see your principal or guidance counselor. Selections for the City of Durham Youth Council are made by a Selection Committee composed of members of City Council, City staff and members of the community.

#### Participants will be chosen as follows:

- The Board will review all applications.
- In order to be considered, an applicant must receive approval

from at least 50% of the Selection Committee.

- The Youth Council will not exceed 30 members.
- Selections will be made and participants will be notified in writing by May 1, 2006.
  - •All applications will remain confidential.

The City of Durham Youth Council does not discriminate on the basis of sex, race, religion, national origin or disabilities.

# **APPLICATION FORM**

Complete all areas below. This information is not used as part of the selection process.

All applicants will be notified in writing if they have been selected.

Please type or print legibly in black ink.

Name (Last)	(First)	(Middle)
Name you prefer to be called		Home Phone
School	Grade:	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>
Home Address		
City		
Gender Race	Birth Dat	e
T-Shirt Size		
Mother/Guardian Name	Day	rtime Phone
Father/Guardian Name	Day	time Phone
How did you learn about the City of Durham Yo	outh Council?	

# **APPLICATION DEADLINE: APRIL 14, 2006**

Return to: City of Durham Youth Council C/O City Clerk's Office 101 City Hall Plaza, Durham, NC 27701

Application Checklist:
Application completed and signed by applicant.
Parental permission signed by parent/legal guardian.
Two (2) reference letters submitted.
Application Deadline April 14, 2006-Return to City Clerk's Office.

GENERAL INFORMATION Using a few phrases or adjectives, de	escribe yourself.	
What skills and abilities would you	contribute to a Youth Council in Durham?	
SCHOOL EXPERIENCE Other schools attended besides curre	nt school:	
List <b>up to 3</b> special awards, honors or related activities you have received f	or recognitions for academic, extra-curricu from the 9th grade to the present.	ılar, sports, school or community
Main areas of interest in studies:		
WORK EXPERIENCE List any part-time job experiences, p	aid or volunteer, and briefly tell what it in	volved.
Do you currently have a part-time jo	b? How many ho	urs per week?
Would your job interfere with your p	participation in the City of Durham Youth	Council?
Do you have any extracurricular acti projects?	vities that will interfere with attending me	eetings/special events/service
ORGANIZATIONS AND ACTIVITIES to order of importance to your organizations in which you participate	up to five school, volunteer, religious, so	ocial, athletic or other activities or
1	dership Responsibility/Involvement	

## FOR RETURNING YOUTH COUNCIL MEMBERS ONLY:

Write or type a brief essay in response to the following question. Your answer must fit in the allotted space on this page. Other attached sheets will not be accepted.

What do you feel you contributed to the 2005-06 City of Durham Youth Council and should you be selected again, what would you learn from and contribute in the new year?

PLEASE PRINT O	R TYPE LEGIBLY	IN BLACK INK.		

## **COMMUNITY AWARENESS**

Write or type a brief essay in response to the following question. Your answer must fit in the allotted space on this page. Other attached sheets will not be accepted.

What do you think are the 3 most important issues facing Durham youth today and what are your suggestions in dealing with these issues?

PLEASE PRINT OR TYPE LEGIBLY IN BLACK INK.					

PARENTAL PERMISSION FORM	
Dear Parent/Legal Guardian:	
outstanding leadership development and youth service attendance policy & program requirements. Upon s <b>Council</b> , students are expected to attend all progr	cil, your child is making a commitment to take part in an exprogram. This form is to verify that you are aware of the selection to participate in <b>The City of Durham Youth</b> arm activities. Please sign & return this form with the ther detailed on the enclosed information sheet which you ing them in full before signing this permission form.
on the Youth Council will be notified in writing.	ne reviewed in confidence. All applicants selected to serve I have read & understand the program requirements, as my support & permission to participate in the 2006-07
Signature of Parent or Legal Guardian	 Date
<ul> <li>attendance.</li> <li>Tardiness or absence is unfair and disrespectful who give freely and willingly of their time.</li> <li>Accordingly, recognition as a member of You programs, including service projects and special</li> <li>Absences due to extenuating circumstances (i.e.</li> <li>The Orientation Session is mandatory. Failure t or death in the family, will result in disqualificat</li> </ul>	death in the family, illness) may be excused. to attend for any reason other than illness, serious accidentation from the program.
I attest that all information provided is correct. I have if selected, will meet them.	read and understand the Youth Council requirements, and
Applicant's Signature	Date
REFERENCES Give Reference Form #1 to your high school principal	al/headmaster, counselor or a teacher.
Give Reference Form #2 to a coach, scout leader, you seeing that your Reference Forms are returned by	uth group leader or other adult. You are responsible for the deadline, April 14, 2006.
Reference #1 Name/Title Telephone Number	

Reference #2 Name/Title			
Position/Title School/Firm/Organization	ition/Title Telephone Number		
Applicant Informat			
Name (Last)	(First)	(Middle)	
School			
waiver below. Your reference	e must return this form to you	y April 14, 2006. Please sign and date the in a sealed envelope, or they may send it is submitted by the	
Waiver of Access: I, the und	dersigned, waive the right of pers	sonal access to the reference.	
Signature		Date	
The person named above is Committee attaches consider Committee is aware of the ti	able weight to the statements ma	Durham Youth Council. The Selection ade by the references of the applicant. The n assessment and gratefully acknowledges	
	Please return this form by Apr The City of Durham Youth City Clerk's Office 101 City Hall Plaza Durham, NC 2770 ay return the form to the applica	n Council c 1	
Name of Reference			
Position/Title			
School/Firm/Organization			
Phone Number/Fmail			

**Please Note:** Please do not refer to the applicant by name. Questions or concerns? Email Evelyn Scott at Evelyn. Scott@durhamnc.gov or call 560-1265.

# City of Durham Youth Council

Signature of Reference

City of Durham Youth Council Application

Reference Form #1 Please use the scale below to compare the applicant with other youth you have known who are the age of this applicant. Superior Above Average Average Below Average Unable to Judge Character **Concern for Others** Responsibility Leadership Initiative Curiosity Ability to work w/others Maturity **Poise** Oral comm. skills Persistence and drive Interest in community affairs **Extracurricular activities** (Makes wise choices with extracurricular activities and follows through on commitments.) For how long and in what capacity have you known the applicant? What do you consider the applicant's primary talents or strengths? What do you consider the applicant's chief weakness? Comment on the applicant's relationship with his or her peers. How is the applicant's ability to communicate with others; his or her behavior in a group setting (participant or observer)?\_\_\_\_\_ Is the applicant interested in community affairs?\_\_\_\_\_ Does this applicant have potential for becoming a community leader?\_\_\_\_\_

Date

# PLEASE PRINT OR TYPE LEGIBLY IN BLACK INK.

# **Applicant Information**

Please type or print legibly in black	ink.	
	(First)	(Middle)
waiver below. Your refere	ence must return this form to you	by April 14, 2006. Please sign and date the in a sealed envelope, or they may send in responsible for making sure it is submitted
Waiver of Access: I, the u	ndersigned, waive the right of pers	sonal access to the reference.
Signature		Date
The person named above Committee attaches consid Committee is aware of the	erable weight to the statements m	f Durham Youth Council. The Selection ade by the references of the applicant. The n assessment and gratefully acknowledges ease fill it out in its entirety.  ril 14, 2006 to:  h Council e a
Or, you	may return the form to the applica	ant in a sealed envelope.
Name of Reference		
Position/Title		
School/Firm/Organization		
Phone Number/Email		

City of Durham Youth Council Application

**Please Note:** Please do not refer to the applicant by name. Questions or concerns? Email Evelyn Scott at Evelyn.Scott@ durhamnc.gov or call 560-1265

# City of Durham Youth Council REFERENCE FORM # 2

City of Durham Youth Council Application

Please use the scale below to compare the applicant with other youth you have known who are the age of this applicant. Superior Above Average Average Below Average Unable to Judge Character **Concern for Others** Responsibility Leadership Initiative Curiosity Ability to work w/others Maturity **Poise** Oral comm. skills Persistence and drive Interest in community affairs Extracurricular activities (Makes wise choices with extracurricular activities and follows through on commitments.) For how long and in what capacity have you known the applicant? What do you consider the applicant's primary talents or strengths? What do you consider the applicant's chief weakness? Comment on the applicant's relationship with his or her peers. How is the applicant's ability to communicate with others; his or her behavior in a group setting (participant or observer)?\_\_\_\_\_ Is the applicant interested in community affairs?\_\_\_\_\_ Does this applicant have potential for becoming a community leader? Signature of Reference (Teacher, Counselor, Headmaster/Principal) Date